

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
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9		2		1		
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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/331,723

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2		1-					52						
3		1-					53						
4		1-					54						
5		1-					55						
6		1-					56						
7		6-					57						
8		6-					58						
9		6-					59						
10		10-					60						
11		10-					61						
12		10-					62						
13		10-					63						
14		61-					64						
15	1-						65						
16		1-					66						
17		1-					67						
18		1-					68						
19		1-					69						
20		1-					70						
21		6-					71						
22		1-					72						
23		1-					73						
24		10-					74						
25		10-					75						
26	1-						76						
27		1-					77						
28		1-					78						
29		20-					79						
30		10-					80						
31	1-						81						
32		1-					82						
33		1-					83						
34		10-					84						
35		10-					85						
36	1-						86						
37		1-					87						
38		1-					88						
39		10-					89						
40		10-					90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	5					TOTAL IND.						
TOTAL DEP.	20						TOTAL DEP.						
TOTAL CLAIMS	25						TOTAL CLAIMS						